
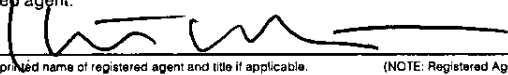
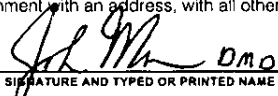


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90079 040 \*\*\*150.00

<b>DOCUMENT # P06000100469</b> 1. Entity Name <b>JOHN A. MASON, D.M.D., P.A.</b>					
Principal Place of Business <b>C/O KOEHLER &amp; COMPANY P.A.          502 NORTH ARMENIA AVENUE          TAMPA, FL 33609</b>			Mailing Address <b>C/O KOEHLER &amp; COMPANY P.A.          502 NORTH ARMENIA AVENUE          TAMPA, FL 33609</b>		
2. Principal Place of Business - No P.O. Box # <b>3308 S. DALE MABRY</b>			3. Mailing Address <b>Koehler &amp; Company, P.A.          401 North Howard Avenue          Tampa, FL 33606</b>		
Suite, Apt. #, etc. 					
City & State <b>TAMPA FL</b>					
Zip <b>33609</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>KOEHLER, KEITH W          KOEHLER &amp; COMPANY P.A.          502 NORTH ARMENIA AVENUE          TAMPA, FL 33609</b>			7. Name and Address of New Registered Agent Name <b>KEITH W KOEHLER</b> Str <b>Koehler &amp; Company, P.A.</b> <b>401 North Howard Avenue</b> Ci <b>Tampa, FL 33606</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>4/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T MASON, JOHN A DMD 2824 W. NORTH A STREET TAMPA, FL 33609	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4.30.07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40099785



04262007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5318398** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **KEITH W KOEHLER**

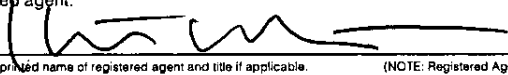
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SIGNATURE  DATE **4/25/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

Trust Fund Contribution. ☐ **\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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